

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the application of:

Inventor: Di Emidio

Serial No. 10/035,053

Filed: December 28, 2001

For: ANTI-TRAUMA SURGICAL PLATE USED TO FIX MANDIBULAR STUMPS

- [x] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- [x] No additional fee is required.

The fee has been calculated as shown below:

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADD. FEE | OR | RATE | ADD. FEE | |
|-------------------------------------------|-------------------------------------------|-------|---------------------------------------|------------------|------|-------------|--------|------|-------------|----|
| TOTAL | 2 | MINUS | ** 20 | 0 | x 9 | \$ -0- | | x 18 | \$ | |
| INDEP | 2 | MINUS | *** 3 | 0 | x 43 | \$ -0- | | x 86 | \$ | |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | | +145 | \$ | +290 | \$ | |
| | | | | | | TOTAL | \$ -0- | OR | TOTAL | \$ |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- [] Please charge my Deposit Account No. 02-2839 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- [] A check in the amount of \$ _____ is attached.
- [x] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.
- [x] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- [x] Any patent application processing fees under 37 CFR 1.17.

Case Docket No. 21429-PA
FORM PTO-1083

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CERTIFICATE OF TRANSMITTAL

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Robert M. Gamson June 1, 2004
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